

218194

P92-320-C

Telecare, Inc.
Company Name

FEIN/SSN
317-776-7654

Dbafka
444 Lafayette Rd.
Mailing Address
Noblesville IN 46060
City, State, Zip Code
Indiana

Business Location
Noblesville IN 46060
City, State, Zip Code

Hamilton
County

Registered Agent: CT Corporation System
Mailing Address: 1703 Laurel Street Columbia
Columbia, SC 29201
City, State, Zip Code

Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

A. Michelle Barnett
General Manager (Include Address if different than above)
317-776-7654 / 317-776-7646 / mbarnett@telecare.net
 Telephone Number / Facsimile Number / E-mail Address

B. Michelle Barnett
Customer Relations/Complaints Representative (Include Address if different than above)
317-776-7654 / 317-776-7646 / mbarnette@telecare.net
 Telephone Number / Facsimile Number / E-mail Address

C1. Michelle Barnett
Customer Relations/Complaints Representative for Escalated Complaints (Include Address if different than above)
Same /
 Telephone Number / Facsimile Number / E-mail Address
1-800-466-1550

C2.	Customer Contact (Toll Free Number)					RECEIVED
	DJ Barnett					
D.	Engineering Operations (Include Address if different than above)					JUL 28 20
	Sama	/				
	Telephone Number / Facsimile Number / E-mail Address					PSC SC

RECEIVED

JUL 28 2009

PSC SC
DOCKETING DEPT.

DJ Barnett
E. **Test and Repair** (Include Address if different than above)
same /
Telephone Number / Facsimile Number / E-mail Address
Michelle Barnett
F. **Emergencies** (During Non-Office Hours)
317-371-7979 /
Telephone Number / Facsimile Number / E-mail Address

In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:

Michelle Barnett
G. **Regulatory Officer** (Include Address if different than above)
same /
Telephone Number / Facsimile Number / E-mail Address

H. **Dual Party Mailings (Name)**
~~(Mailing Address)~~
/ /
Telephone Number / Facsimile Number / E-mail Address

I. **Interim LEC Fund Mailings (Name)**
~~(Mailing Address)~~
/ /
Telephone Number / Facsimile Number / E-mail Address
Michelle Barnett
J. **Universal Service Fund Mailings (Name)**
~~#~~ same
(Mailing Address)
/ /
Telephone Number / Facsimile Number / E-mail Address
Michelle Barnett
K. **Gross Receipts Mailings (Name)**
same
(Mailing Address)
/ /
Telephone Number / Facsimile Number / E-mail Address

/ **Signature**

/ **Date**
Title

RETURN COMPLETED FORM TO:

Public Service Commission of SC
Docketing Department
Post Office Drawer 11649
Columbia, South Carolina 29211
And
Office of Regulatory Staff
Attn: Jeanne Gordon
1401 Main Street, Suite 900
Columbia, South Carolina 29201